



2025  
**benefit**  
**guide**

JANUARY 1 - DECEMBER 31, 2025



# Welcome

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Your benefits are an important part of your overall compensation. The City of Bellingham is pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 20 or more hours per week. Full-time employees receive employer contributions for employee and eligible family members. Part-time and Seasonal employees receive employer contributions for employee only. Medical, dental and vision coverage for eligible family members is available as a pre-tax deduction. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your WA State Registered domestic partner (RDP) and/or their children
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage until January 1 of the following year, provided you enroll during the next open enrollment period.

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2025.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicare, Medicaid or CHIP
- ▶ Change in child custody

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (60 days for newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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**Required Information**—When you enroll, you will be required to enter information for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the City of Bellingham to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

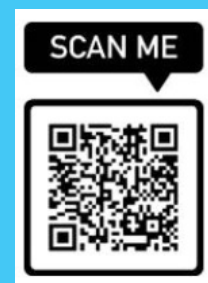
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# Enrollment

Complete your enrollment online at <https://employeenavigator.com/benefits>. You will find detailed information about the plans available to you and enrollment instructions.



# Medical Plans

The City is pleased to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

## Regence Group Administrators PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Regence Group Administrators network. The calendar-year deductible must be met before certain services are covered.

## Regence Group Administrators HDHP

The High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Regence Group Administrators network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the HDHP plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all in-network eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, you are only required to meet the INDIVIDUAL out-of-pocket maximum before the plan starts to pay covered services at 100 percent for that individual.*
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, the City will contribute semi-monthly to your HSA. **To be eligible for the HSA contributions, you cannot be covered through Medicare Part A or Part B or TRICARE programs. Other restrictions also apply. See the plan documents for full details.**



**Important:** Your contributions, in addition to the City's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the City. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your eligible dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

Summary of Benefits and Coverage (SBC) available on the City's public website <https://www.cob.org/employment/benefits>.

[www.accessrga.com](http://www.accessrga.com)

# Medical Plans (Regence Group Administrators)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD). **Refer to Employee Cost Share Rate Sheet for prices.**

Key Medical Benefits	\$250 Deductible PPO		HDHP PPO with HSA	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$250 / \$750		\$1,650 / \$3,300	
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$3,000 / \$6,000		\$5,000 / \$10,000 <sup>5</sup>	No maximum
<b>Employer Contribution to Your Health Savings Account (HSA)</b> (semi-monthly; prorated for new hires/newly eligible)				
Individual / Family	N/A		Refer to Rate Sheet	
<b>Covered Services</b>				
Office Visits (physician/specialist)	\$20 / \$35 copay	30%*	20%*	40%*
Routine Preventive Care	No charge	30%*	No charge	40%*
Outpatient Diagnostic (lab/X-ray)	10%*	30%*	20%*	40%*
Complex Imaging	10%*	30%*	20%*	40%*
Chiropractic	\$20 copay <sup>2</sup>	30%* <sup>2</sup>	20%* <sup>3</sup>	40%* <sup>3</sup>
Ambulance	10%*		20%*	
Emergency Room	\$150 copay + 10%		20%*	
Urgent Care Facility	\$20	30%*	20%*	40%*
Inpatient Hospital Stay	10%*	30%*	20%*	40%*
Outpatient Surgery	10%*	30%*	20%*	40%*
<b>Prescription Drugs</b> Tier 1 / Tier 2 / Tier 3 / Tier 4 <sup>6,7</sup>				
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$50 / \$250	Cost Share, then 40%	20%*	
Mail Order (90-day supply)	\$37.50 / \$75 / \$50 / \$625	Not covered	20%*	Not covered

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. Other restrictions apply. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. 15 visits per calendar year (PCY)
3. 10 visits per calendar year (PCY)
4. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
5. If you enroll one or more family members, you are only required to meet the INDIVIDUAL out-of-pocket maximum before the plan starts to pay covered, in-network services at 100 percent for that individual.
6. Specialty Prescriptions – not available in 90 day supply
7. Prescription Tiers – 1=Preferred Generic, 2=Preferred Brand, 3=Preferred Specialty, 4=Non-Preferred Generic, Brand, Specialty

## Dental Plan (Delta Dental)

The Delta Dental plan gives you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

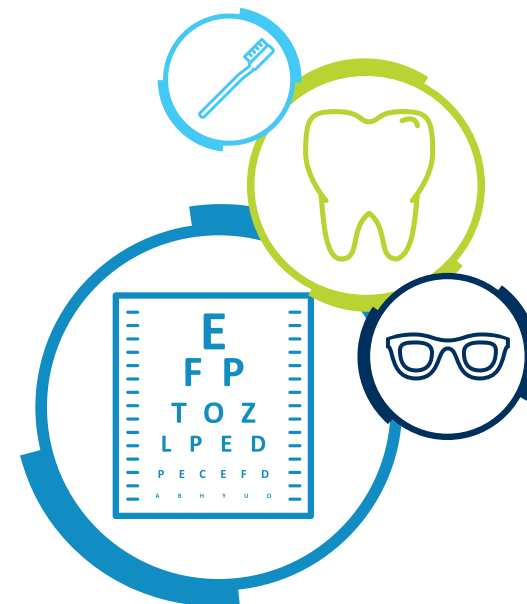
Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental PPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$0 / \$0	\$0 / \$0
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
<b>Covered Services</b>		
<b>Preventive Services</b>	100% - 70% <sup>2</sup>	100% - 70%
<b>Basic Services</b>	100% - 70% <sup>2</sup>	100% - 70%
<b>Major Services</b>	50%	50%

Coinsurance percentages shown in the above chart represent what Delta Dental reimburses.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The coinsurance will reduce each year if dental services and benefits are not used.

[www.deltadentalwa.com](http://www.deltadentalwa.com)



## Vision Plan (VSP)

The **Vision Service Provider (VSP) vision** plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam*</b> (once every 12 months)	\$0	Up to \$45
<b>Materials Copay</b>	\$20	N/A
<b>Lenses</b> (once every 12 months)	No charge after materials copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$65
Trifocal		
<b>Frames</b> (once every 24 months)	\$200 allowance - 20% off any amount above	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$200	Up to \$105

[www.vsp.com](http://www.vsp.com)

# Flexible Spending Accounts (HSA Bank)

The City provides you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through HSA Bank. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

<https://account.hsabank.com>

## Health Care FSA

For 2025, you may contribute up to the determined IRS maximum, to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Limited-Purpose Health Care FSA (for HDHP PPO participants)

If you enroll in the HDHP PPO medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

## Dependent Care FSA

For 2025, you may contribute up to \$5,000 to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible child and dependent care expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA Rules

**YOU MUST ENROLL EACH YEAR TO PARTICIPATE.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 2026, and must file claims by March 31, 2026.**

# Life and AD&D Insurance (New York Life)

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

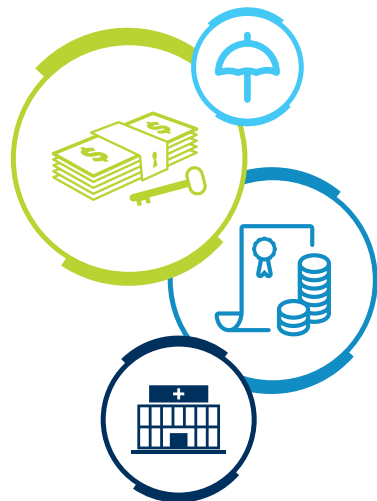
**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

[www.myNYLGBS.com](http://www.myNYLGBS.com)

### Basic Life/AD&D (City-paid)

This benefit is provided at **NO COST** to you through New York Life.

<b>Benefit Amount</b>	Refer to your collective bargaining agreement or E-Team handbook for benefit amount
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# Long-Term Disability (New York Life)

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

[www.myNYLGBS.com](http://www.myNYLGBS.com)

Long-Term Disability	
Provided at <b>NO COST</b> to you through New York Life.	
<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$10,000
<b>When Benefits Begin</b>	After 180 <sup>th</sup> day of disability
<b>Maximum Benefit Duration</b>	Refer to Plan Document

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide two confidential programs dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance programs (EAPs) are provided at **NO COST** to you through PeaceHealth Health Promotion Northwest and New York Life (Life Insurance benefited).

**The EAP can help with the following issues, among others:**

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ **PeaceHealth Health Promotion Northwest:** Up to five (5) in-person sessions with a counselor per issue, per year, per individual (available to all City employees)
- ▶ **New York Life (Life Insurance benefited):** Up to three (3) in-person sessions with a counselor per issue, per year, per individual (available to employees who are eligible for the City Life insurance)
- ▶ Unlimited toll-free phone access and online resources

## Contact

**PeaceHealth Health Promotion Northwest**  
(360) 788-6565  
[www.peacehealth.org/whatcom/eap](http://www.peacehealth.org/whatcom/eap)

**New York Life**  
(800) 344-9752  
[guidanceresources.com](http://guidanceresources.com) WEB ID: NYLGBS

# Valuable Extras

**We also offer the following additional benefits:**

- ▶ Telemedicine through MD Live
- ▶ Maternity Program through RGA
- ▶ MDLive for Behavioral/Mental Health

# Medical Opt-Out Incentive

If you or an eligible family member are covered by group medical benefits elsewhere, you may choose to “opt-out” of receiving City medical benefits. If you do “opt-out”, you and the City share the savings. Opt-out incentives are payable as a taxable cash benefit. Opt-out amounts and additional information are available on the Staff Central Benefits page. **NOTE: You may only opt-out/in during open enrollment or due to a qualifying event as defined by the IRS.**

## Benefit Spot

The City offers a mobile app to help you access your benefits information - even when you're away from work and need it most.

To get started, download “Benefit Spot” from the Apple App Store or Google Play and **enter company code: COB**



# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend on the plan you select and if you choose to cover eligible family members. **Please refer to the Employee Cost Share Rate Sheet.**

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Regence Group Administrators	(866) 738-3924	<a href="http://www.accessrga.com">www.accessrga.com</a>
Telehealth	24/7 Telemedicine through MDLive	(877) 596-8826	(medical) <a href="http://www.accessrga.com">www.accessrga.com</a> (Telemedicine MDLive - Medical, Behavioral Health, Dermatology) <a href="http://www.mdlive.com/rga">www.mdlive.com/rga</a>
Pharmacy	RX Benefits / Express Scripts	(800) 334-8134	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Dental	Delta Dental	(800) 554-1907	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
Vision	Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account (HSA) & Flexible Spending Accounts (FSAs)	HSA Bank	(800) 357-6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
Life/AD&D and Disability	New York Life	(800) 362-4462	<a href="http://www.myNYLGBS.com">www.myNYLGBS.com</a>
Employee Assistance Program (EAP)	PeaceHealth HPN	(360) 788-6565	<a href="http://www.peacehealth.org/whatcom/eap">www.peacehealth.org/whatcom/eap</a>
	New York Life	(800) 344-9752	<a href="http://guidanceresources.com">guidanceresources.com</a> WEB ID: NYLGBS
Nurseline	24/7 Nurse Line	(800) 807-1370	-

## Benefits Website

The Staff Central Benefits Page can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

City of Bellingham HR Benefits  
(360) 778-8220

Email: [benefits@cob.org](mailto:benefits@cob.org)

HUB International our Broker Partner can be contacted with benefit questions such as incorrect bills or denied claims. HUB Account Executive - Melynda Pham  
425-489-2110

[melynda.pham@hubinternational.com](mailto:melynda.pham@hubinternational.com)

